



ALABAMA BOARD OF FUNERAL SERVICE

P.O. Box 309522, Montgomery, Alabama 36130

APPLICATION FOR LICENSING TO PRACTICE FUNERAL DIRECTING/EMBALMING BY RECIPROCITY

PURSUANT TO Section 34-13-51, Code of Alabama, 1975, I hereby make application for license to practice funeral directing/embalming in the State of Alabama. In submitting the following information, it is agreed by me if any part of it is false or fraudulent; I forfeit any rights to be considered for Alabama license. I enclose a money order or cashier's check for **\$250.00** for each license.

1. Name: _____
(First) (Middle) (Last)

2. Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip)

3. Telephone Number: _____ 4. Social Security #: _____

5. Date of Birth: _____ 6. Place of Birth: _____

7. State from which reciprocating: _____ License Number: _____

8. Type of license requested in Alabama: _____ Funeral Director _____ Embalmer

9. Have you ever been convicted of a felony or misdemeanor violation of any federal, state or local statute other than a traffic violation?
☐ YES ☐ NO

If yes, please attach details including dates, place, and disposition of matter on a separate sheet.

10. If currently employed, Name and Address of Funeral Establishment:

(Name) (Street & No. / P.O. Box) (City, State Zip)

I certify that I am a citizen of the United States or legally present in the United States? ☐ YES ☐ NO

I hereby certify that all statements made in this application are true and correct, and understand that any false statements given herein will subject my Alabama Funeral Director or Embalmer license(s) to revocation.

(Signature of Applicant)

*Subscribed and sworn to before me, a Notary in the State of _____ this _____ day
of _____, 20____.*

Notary Public

My Commission expires _____.

Seal